CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 98 M -8 AM 8: 3 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: G & W SERVICES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 83316 ALWENA J. SAVAGE 830 BROADWAY AVE N. BUNI TO 3. The general type of business transacted under the assumed business name is: (mark only those that apply) 나 Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): __ correspondence should be addressed: A. SAVAGE Submit Certificate of Assumed Business 830 Broadway Ann N Name and \$20.00 fee to: Buhl ID 83316 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAMO SECRETARY OF STATE 07/08/1998 09:00 CX: 2967 CT: 101153 BH: 126097 Signature: [Leveno 1 8 20.00 = 20.00 ASSUM WAME Printed Name: ALWENA D 16516 Capacity: Luner

(see instruction # 8 on back of form)